## **Juror Qualification Questionnaire - Electronically Filed**



## DEAR ROCK COUNTY CITIZEN:

You are being considered as a prospective juror in the Rock County Circuit Court. **This is not a summons to appear**, but only a questionnaire required by Ch. 756, Wis. Statutes, to determine your eligibility for jury service.

Please complete the following questionnaire and return it within ten days. Alternatively, you may complete this form on-line at https://jury.wicourts.gov.

Failure to return this form or the willful misrepresentation of a material fact may result in a forfeiture not to exceed \$500. If a question does not apply to you enter "n/a" (i.e. "not applicable"). If you have any questions, contact the Clerk of Circuit Court at

Juror ID: 1350 Jury Year: 2024 KATJA JOY MATHESIUS 657 SAINT JOHNS AVE MILTON WI 53563

Year of Birth: 2002

ROCK COUNTY Amanda Nelson 51 South Main Street Janesville WI 53545

I	ease print your answers. If you are a person with a disability and also the above name, address and year of birth correct?	Yes X No (If "	deting this form, please controlled the controlled the correct information of the correct information		3-2350
	ameddress 3201 Forest Ave	City Des Moines State IA	Zip 50311		
	Bldg 2 Unit 105	Year of Birth			
	Wisconsin Law requires you to answer questions 1 throug	ıh 8:		Yes	No
1.	Are you a citizen of the United States?			X	
2.	Are you a resident of Rock County?				X
3.	Are you at least 18 years of age?			X	
4.	Do you understand the English language?			X	
5.	Have you been summoned for jury service in the past 4 years?	P If yes, give date(s) - loca	ation		X
6.	Because of a disability, do you need assistance to serve as a j  If yes, please describe the nature of your disability and the		uest.		X
7.	Have you ever been convicted of a felony?				X
	If yes, have you fully satisfied all the conditions of your set	ntence?			
8.	What is your race/ethnicity?				
	☐ Black or African American ☐ Asian or Pacific Islander	X White Hispanic	Am. Indian or Alaskan	Nat.	
	☐ Other: ———				
Hor	me Telephone ( ) Work Te	elephone ( )	Cell T	elephone (6	608) 373-4024
Em	nail Address: kamathesius@gmail.com	g to receive reminders via	a: 🕱 Email? 🗌 Text M	essage?	
Dis	stance in miles from your home to the Courthouse and return:	636.00 miles.			

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Sex: Male X Female		
Marital Status: X Single Marrie	ed Divorced Widowed	
Former Name (if applicable):		
Date of Birth (MM/DD/YY): 06-27-	2002	
	Juror Information	Spouse Information
Name	Katja Joy Mathesius	
Occupation		
Employer Name		
Employer Address		

**Employer City** 

**Employer State** 

Employer Zip